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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: January 23, 2004

<i>Examiner:</i> Chong R. Kim	: <i>RE: U.S. Patent Application</i>
<i>Art Unit:</i> 2623	: <i>Serial No.: 09/557,108</i>
<i>Fax:</i> 703-872-9306	: <i>Applicant: Jiang Hsieh</i>
<i>From:</i> Thomas M. Fisher	: <i>Atty. Dkt. No.: 15-CT-5344</i>

DOCUMENTS SUBMITTED WITH TRANSMISSION:

*Fax Transmittal (1 pg.)**Amendment Transmittal (3 pgs.)**Amendment in Response to Office Action dated November 26, 2003 (24 pgs.)*

Total pages including cover page: 28
If all pages are not received, please contact: Linda Driscoll at Ext. 7229

*RE: The above referenced U.S. Patent Application**Title: METHODS AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT SCAN**Filed: April 24, 2000*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.

Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 15-CT-5344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh : Group No.: 2623
Serial No.: 09/557,108 : Examiner: Chong R. Kim
Filed: April 24, 2000 :
For: METHODS AND APPARATUS :
FOR HELICAL :
RECONSTRUCTION FOR :
MULTISLICE CT SCAN :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Fax Transmittal(1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated November 26, 2003 (24 pgs.)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL IN DEP.	31	MINUS	28	-3	x \$9 = \$		x \$18 = \$54.00
	2	MINUS	3	-0	x \$43 = \$		x \$86 = \$
<u>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$54.00

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

Charge Deposit Account No. 070845 (GE Medical Systems) the sum of \$54.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:


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